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Dr. Susan Abbey,
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20 March 1991

Dear Dr. Abbey,

Thank you very much for your interest in the role of environmental sensitivities in causing or exacerbating central nervous system dysfunction. I look forward to meeting you and discussing this subject.

According to the health and Welfare report "Healthy Environments for Canadians" (Small and Associates, 1987) there is ample evidence in scientific literature dating back at least to 1908 which indicates that the central nervous system can be affected by sensitivities. The Thomson Commission (1985) found that environmental hypersensitivity often affects the central nervous system. The Ashford-Miller report - "Chemical Sensitivities, a Report to the New Jersey State Department of Health" - recommends checking for sensitivities before embarking on a psychiatric workup.

On September 26th, Perrin Beatty, National Minister of Health and Welfare, wrote Charles Caccia indicating his support for the Ashford-Miller report, and stating that "The authors' general conclusion that the search for environmental causes in a patient should precede psychiatric workup is fully supported by departmental officials".

The World Health Organization and several other international authorities have recognized that environmental sensitivities can affect central nervous system, along with other organ systems. Hospitals in Britain and the United States, along with clinics in Ontario, Nova Scotia, British Columbia, and New Brunswick, have found that symptoms ranging through anxiety, depression, schizophrenia, manic depression, dyslexia, inappropriate aggression, and others, have been

relieved when substances the individual is sensitive to have been avoided.

That has also been the experience of a good percentage of members of the Allergy and Environmental Health Association of Canada, a non-profit charitable organization which has existed since 1969. (The Ontario Division is currently sponsored by the Trillium Foundation.) Many of our members have found that when we are exposed to substances we are sensitive to we experience central nervous system problems from among those listed above.

The Chief Legal Counsel of the Psychiatric Patient Advocate Office of the Ontario Ministry of Health wrote to what was then called the "Psychiatric Hospitals Branch" mentioning increased awareness of these problems, and calling for attention to them in the diagnosis and treatment of psychiatric patients in provincially run hospitals. He stated "treatment should include placing the patient in a 'clean room' while in hospital, and discharge planning to a clean hospital environment".

If you're like most of us, your reading load is probably extensive. I hope you can glean some idea of where I would like our discussions to move by the enclosed materials:

1. An OpEd article addressing some of the confusion and mythology surrounding environmental sensitivities.
2. One page of the appendices to the Ontario Thomson Report (1985) which lists central nervous system symptoms experienced by patients. Often the person who is diagnosed as having sensitivities has central nervous system dysfunction as their primary complaint. (It is important to know that many patients do not experience central nervous system dysfunction, while working to rescue those who do.)
3. The last two paragraphs of the Ashford-Miller Report (1989) which recommends checking for sensitivities before embarking on extensive psychiatric interventions.
4. A letter from Health Minister Perrin Beatty (26 Sept 1990) indicating his officials fully support the notion that the environmental search should precede psychiatric workup.
5. A letter from the Ontario Psychiatric Patient Advocate Office stating that sensitivities should

be ruled out, just as other organic causes for central nervous system dysfunction are examined, and that patients should be treated in and released to appropriate environments if their problems are caused by sensitivities.

6. A statement by Max Yalden, Chief Commissioner of the Canadian Human Rights Commission, before the federal Standing Committee on Human Rights and the Status of Disabled Persons.

7. Article from BC School Trustees Association newsletter on behaviour problems associated with sensitivities.

8. Canadian Press article on study on same topic at Alberta Children's Hospital.

I hope this information will open up discussion on this issue within the Canadian Psychiatric Association, to the end of:

- a) making the assessment for sensitivities a normal element of psychiatric assesement,
- b) rescuing those psychiatric patients whose problems are caused by undiagnosed sensitivities.

Sincerely,

Chris Brown
President - Ottawa Branch
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